



Serial No. 09/842,828

PATENT

76-3
D-344A
26-8-04

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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| In re Application of: Mark O'Neill | Docket No.: BEE-0001 RPB REF: BEE-0001 |
| Serial Number: 09/842,828 | Art Unit: 2673 |
| Filing Date: April 27, 2001 | Examiner: UNASSIGNED |
| Title: AUTOMATED IMAGE IDENTIFICATION SYSTEM | |

REQUEST FOR CORRECTED FILING RECEIPT

RECEIVED

OCT 24 2001

Honorable Commissioner of
Patents and Trademarks
Washington, D.C. 20231

Technology Center 2600

Sir:

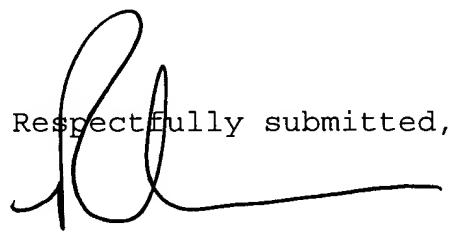
Applicant respectfully requests that the following information be corrected on the Filing Receipt for the above-captioned application and a new Filing Receipt be issued:

The Patent Office mis-spelled the inventor's last name. The name, as correctly spelled, and as it appears on the Declaration and filing papers should read:

Mark O'Neill

Correction is requested

Respectfully submitted,


Robert P. Bell
Registration Number 34,546

Robert Platt Bell
Registered Patent Attorney
8033 Washington Road
Alexandria, VA 22308

(703) 768-0340

October 9, 2001
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Bib Data Sheet

CONFIRMATION NO. 8474

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|-----------------------------|-----------------------------------|---------------------|--------------------------------|---------------------------------|
| SERIAL NUMBER 09/842,828 | FILING DATE 04/27/2001 RULE | CLASS 345 382 | GROUP ART UNIT 2673 2623 | ATTORNEY DOCKET NO. BEE-0001 |
|-----------------------------|-----------------------------------|---------------------|--------------------------------|---------------------------------|

APPLICANTS

Mark O'Neill, Oxfordshire, UNITED KINGDOM;

** CONTINUING DATA ~~AND NO~~** FOREIGN APPLICATIONS ~~AND NO UP~~

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 06/19/2001

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|---------------------------------|--|------------------------------------|-------------------------|--------------------|-------------------------|
| Foreign Priority claimed | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | STATE OR COUNTRY UNITED KINGDOM | SHEETS DRAWING 11 | TOTAL CLAIMS 32 | INDEPENDENT CLAIMS 4 |
| 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance | | | | |
| Verified and Acknowledged | <u>RB</u> | Examiner's Signature | Initials | | |

ADDRESS

Robert Platt Bell
 Registered Patent Attorney
 8033 Washington Road
 Alexandria, VA 22308

TITLE

Automated image identification system

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|----------------------------|---|---|
| FILING FEE RECEIVED 503 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit |
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